

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-11-005.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The physical therapy re-evaluation, therapeutic exercises, manual therapy technique, paraffin bath, ultrasound, and massage therapy from 1-5-04 through 1-22-04 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The total of the medical necessity services is \$1,137.15.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Order is applicable to dates of service from 1-5-04 through 1-22-04 as outlined above in this dispute.

This Order is hereby issued this 24<sup>th</sup> day of March 2005.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

#### NOTICE OF INDEPENDENT REVIEW DECISION

March 16, 2005

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-05-1369-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This 26 year-old male was injured on \_\_\_\_ when his left hand was crushed between a truck and loading dock rail. His crush injury required 10 stitches in digits two and three of the left hand. He has been treated with therapy and medications.

#### Requested Service(s)

Physical therapy re-evaluation, therapeutic exercises, manual therapy technique, paraffin bath, ultrasound, massage therapy for dates of service 01/05/04 through 01/22/04

#### Decision

It is determined that there is medical necessity for the physical therapy re-evaluation, therapeutic exercises, manual therapy technique, paraffin bath, ultrasound, and massage therapy for dates of service 01/05/04 through 01/22/04 to treat this patient's medical condition.

#### Rationale/Basis for Decision

The expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. With documentation of improvement in the patient's condition and restoration of function, continued treatment may be reasonable and necessary to effect additional gains. Texas Labor Code statutory requirements are fully supported by the medical record documentation. This patient has received the treatments in question and has shown improvement in his condition. Therefore, the physical therapy re-evaluation, therapeutic exercises, manual therapy technique, paraffin bath, ultrasound, and massage therapy for dates of service 01/05/04 through 01/22/04 were medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD  
Director of Medical Assessment  
GBS:dm  
Attachment

**Information Submitted to TMF for TWCC Review**

**Patient Name:**

**TWCC ID #: M5-05-1369-01**

**Information Submitted by Requestor:**

- Progress Notes
- Medical Record Review
- Functional capacity evaluation
- Physical Therapy Notes
- Diagnostic Tests
- Requestor's Position
- Claims

**Information Submitted by Respondent:**